

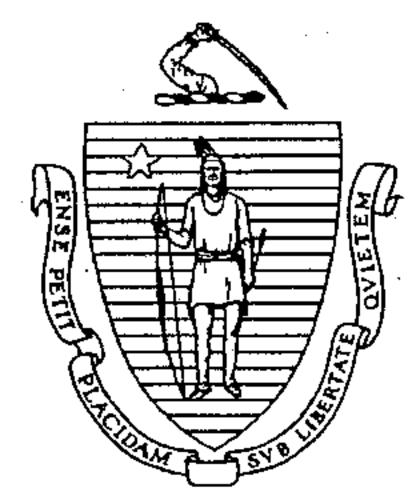
TOWN OF TRURO

P.O. Box 2030, Truro MA 02666 Tel: 508-349-7004 Fax: 508-349-5508

Date Issued:	
Fee Rec'vd:	
Approved:	

Express Permit

PROJECT INFORMATION Project type: Roofing Siding Shed Woodstove Tent Windows: U-Value: Doors Other 1. Estimated Construction Cost _____ 2. Property Location_ 3. Owner _____ 4. Phone ___ 5. Zoning 6. Lot Description: Map____ Parcel___ Lot Area____ Frontage_ 7. Setbacks: Front ____ Left ___ Right ____ Rear____ Description of Proposed Work, Materials and Dimensions: Debris Disposal Debris resulting from this project shall be disposed at _____ which is a properly licensed solid waste disposal facility as required by MGL, C-111, S 150A. **Authorization Information** Owners Signature: Date: A separate letter from the owner with the above information is acceptable Contactor/Agent Name: HIC# CSL# Please complete the Massachusetts Workers' Compensation Insurance Affidavit on the back of this application. Inspections: Foundation Frame Final Other (2/2008)



The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, MA 02111 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Address:	
City/State/Zip:	Phone #:
Are you an employer? Check the appropriate of the semployees (full and/or part-time).* 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] 3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †	Type of project (required): 4.
Homeowners who submit this affidavit indicating the Contractors that check this box must attached an addit mployees. If the sub-contractors have employees, they am an employer that is providing workers	section below showing their workers' compensation policy information. y are doing all work and then hire outside contractors must submit a new affidavit indicating such. onal sheet showing the name of the sub-contractors and state whether or not those entities have must provide their workers' comp. policy number. Y compensation insurance for my employees. Below is the policy and job site
information.	
nsurance Company Name:	Expiration Date:
Tob Site Address:	City/State/Zip:
Attach a copy of the workers' compensati	on policy declaration page (showing the policy number and expiration date).
fine up to \$1,500.00 and/or one-year imprison of up to \$250.00 a day against the violator. Investigations of the DIA for insurance cover.	
do hereby certify under the pains and pen	alties of perjury that the information provided above is true and correct.
Signature:	Date:
Phone #:	
Official use only. Do not write in this ar	ea, to be completed by city or town official.
City or Town:	Permit/License #
Issuing Authority (circle one): 1. Board of Health 2. Building Departs 6. Other	nent 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
Contact Person:	Phone #: